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**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA**  
**ADR EVALUATION/CIVIL DIVISION**

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PLEASE MAIL WITHIN 10 DAYS OF THE COMPLETION OF THE ADR PROCESS TO:  
ELIZABETH STRICKLAND, ADR ADMINISTRATOR  
SANTA CLARA COUNTY SUPERIOR COURT  
191 N. FIRST STREET, SAN JOSÉ, CA, 95113  
OR FAX TO 408-882-2595

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**Case Name:** \_\_\_\_\_ **Case No:** \_\_\_\_\_

**ADR Process:**  Mediation  Neutral Evaluation  Other (*specify*) \_\_\_\_\_

**Neutral's name:** \_\_\_\_\_

**Type of case:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Banking            | <input type="checkbox"/> Health Care           | <input type="checkbox"/> Partnership Disputes           |
| <input type="checkbox"/> Business/Contract  | <input type="checkbox"/> Housing               | <input type="checkbox"/> Personal Injury                |
| <input type="checkbox"/> Civil Rights       | <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Probate - Wills                |
| <input type="checkbox"/> Construction       | <input type="checkbox"/> Insurance             | <input type="checkbox"/> Professional Negligence        |
| <input type="checkbox"/> Defamation         | <input type="checkbox"/> Labor - Employment    | <input type="checkbox"/> Real Estate                    |
| <input type="checkbox"/> Disabilities       | <input type="checkbox"/> Landlord/Tenant       | <input type="checkbox"/> Securities                     |
| <input type="checkbox"/> Elder Issues/Abuse | <input type="checkbox"/> Medical Malpractice   | <input type="checkbox"/> Tax                            |
| <input type="checkbox"/> Environment        | <input type="checkbox"/> Neighborhood          | <input type="checkbox"/> Other ( <i>specify</i> ) _____ |

**You are:**  plaintiff  plaintiff's attorney  defendant  defendant's attorney  
 other (*specify*) \_\_\_\_\_

**Your phone number:** \_\_\_\_\_

**How did the case resolve? (Do not reveal confidential information):**

- |   |  |
|---|--|
| <input type="checkbox"/> Direct result of the ADR process   | <input type="checkbox"/> Resolution was unrelated to the ADR process |
| <input type="checkbox"/> Indirect result of the ADR process | <input type="checkbox"/> Case was not resolved                       |
| <input type="checkbox"/> Other ( <i>specify</i> ) _____     |  |

**What was the effect of the ADR process on costs and court time?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Reduced costs       | <input type="checkbox"/> Increased costs      | By how much? ( <i>estimate</i> ) \$ _____ |
| <input type="checkbox"/> Reduced court time? | <input type="checkbox"/> Increased court time | How many days? ( <i>estimate</i> ) _____  |

**On a scale of 1 (very dissatisfied) to 5 (very satisfied) please rate:**

**The ADR process:**

- \_\_\_\_\_ Appropriateness of the process for your dispute  
\_\_\_\_\_ Fairness  
\_\_\_\_\_ Opportunity to participate  
\_\_\_\_\_ Satisfaction with outcome

Would you use this process again?  Yes  No

**The neutral:**

- \_\_\_\_\_ Neutrality  
\_\_\_\_\_ Temperament  
\_\_\_\_\_ Knowledge of the ADR process  
\_\_\_\_\_ Knowledge of the subject matter of the dispute

Would you use this neutral again?  Yes  No

**Comments on any of the above matters or on administration of the ADR program:**